Health Promotion Activities Plan

**This sample is to assist you in developing a health promotion activity plan. It is not intended to replace medical advice. Any instructions given by the physician regarding this diagnosis must be included.**

Name of Individual:

<table>
<thead>
<tr>
<th>Health Concern/Issue * (Diagnosis)</th>
<th>ACNE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related Body System</td>
<td>Vision</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>Nervous</td>
</tr>
</tbody>
</table>

What is it? (Provide definition)

A skin condition which causes pimples, whiteheads, and blackheads to form.

Signs and Symptoms (general)

Whiteheads, blackheads, oozing sores, cysts, redness, inflammation (red and warm), crusting of skin sores, scarring of skin.

Promotion/strategy support required *

- Watch (name of person) for signs and symptoms listed above and report to (title of person in agency who is responsible to receive this information).
- Bathe and wash face as directed by physician.
- Keep hair clean and off face.
- Give medication as ordered (see Medication Administration Record/Log). If a prn (as needed) medication is given, the result must be documented per agency policy.
- Include any specific instructions from the treating physician.
- Documentation about this condition can be found in the medical record under (list section here).
- Receive training regarding this diagnosis and plan of care (include when to notify the physician) by (title of person who provides medical training) at least (indicate frequency of training) or as changes occur. This should be documented for all staff in the home.

Frequency of support *

Fill in what physician (e.g. primary care physician, dermatologist) treats this condition and how often the person is seen.

Desired outcome *

Control symptoms of acne

Person/agency responsible *

(Name of person), caregivers, agency nurse, primary care physician, (specialist, if applicable)

* FIELDS FOUND IN THE HEALTH PROMOTION SECTION OF THE ISP